

*RETURN TO FMF - LOCATION 7540 PRE-EDIT

QUERY CONTROL FORM		RTIS USE ONLY	
Application No. <u>10 051 418</u>	Prepared by <u>AMW</u>	Tracking Number <u>X</u>	
Examiner-GAU <u>E. E. KIM</u>	Date <u>5-5-04</u>	Week Date <u>X</u>	
<u>- 2874</u>	No. of queries <u>3</u> 2 1		

JACKET			
a. Serial No.	f. Foreign Priority	<input checked="" type="checkbox"/> k. Print Claim(s)	<input checked="" type="checkbox"/> p. PTO-1449
b. Applicant(s)	g. Disclaimer	l. Print Fig.	q. PTOL-85b
c. Continuing Data	h. Microfiche Appendix	m. Searched Column	r. Abstract
d. PCT	i. Title	n. PTO-270/328	s. Sheets/Figs
e. Domestic Priority	j. Claims Allowed	o. PTO-892	t. Other

SPECIFICATION	
a. Page Missing	MESSAGE <u>① PTO-1449: Please initial or</u>
b. Text Continuity	<u>strike entries on 01-07-03 IDS.</u>
c. Holes through Data	
d. Other Missing Text	<u>② IMPROPER DEPENDENCY: Original claim 2</u>
e. Illegible Text	<u>depends on original Claim 1, which was not</u>
f. Duplicate Text	<u>allowed. Please correct.</u>
g. Brief Description	
h. Sequence Listing	<u>③ PRINT CLAIM: It is listed as 2 on</u>
i. Appendix	<u>IIFW page. Please clarify if it should be orig.</u>
j. Amendments	<u>Claim 2 or final Claim 2. (Note that "claims</u>
k. Other	<u>renumbered in the same order" box is checked.) Thank you,</u>
	initials <u>AMW</u>
CLAIMS	RESPONSE
a. Claim(s) Missing	
<input checked="" type="checkbox"/> b. Improper Dependency	
c. Duplicate Numbers	
d. Incorrect Numbering	
e. Index Disagrees	
f. Punctuation	
g. Amendments	
h. Bracketing	
i. Missing Text	
j. Duplicate Text	
k. Other	
	initials